

<b>Case Number:</b>	CM14-0127149		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32 year old male with a date of injury on 4/20/2006. As per the report of 7/2/14, he complained of left shoulder, bilateral elbow and neck pain. He also complained of low back pain that radiated to his lower extremities. He had numbness and tingling in his bilateral lower extremities (BLE) as well. There had been no significant improvement since the last exam. Left shoulder examination revealed tenderness to palpation in the anterior shoulder, restricted range of motion (ROM) and positive impingement sign. A left elbow examination revealed tenderness to palpation in the lateral elbow and positive Cozen's/lateral epicondyle sign. Thoracolumbar spine examination revealed tenderness in the paravertebral muscles, spasm and restricted range of motion (ROM). The magnetic resonance imaging (MRI) of the lower back was obtained in 2014. An electromyography (EMG)/nerve conduction velocity (NCV) studies per 3/25/14 report was consistent with bilateral carpal tunnel syndrome. Current medications include naproxen sodium, omeprazole DR, carisoprodol, and hydrocodone. Past treatments have included pain medications, physical therapy and acupuncture. He underwent two sets of three epidurals, which helped a little bit. He underwent physical therapy in 2012. He had a course of physical therapy in 2014 of approximately three times a week for four weeks to the left elbow and left shoulder and had started to respond to physical therapy with some improvement. There was no documentation of physical therapy notes. Diagnoses include derangement of joint not otherwise specified of shoulder, lateral epicondylitis and lumbar radiculopathy. The request for physical therapy (PT) 3x4 lumbar, right hand, bilateral elbow, & bilateral shoulder was denied on 07/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PT 3x4 lumbar, Rt hand, bilateral elbow, & bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy (PT) Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT) Official Disability Guidelines (ODG) Elbow, Physical Therapy (PT)

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 physical therapy (PT) visits over 8 weeks 9 physical therapy (PT) visits over 8 weeks for shoulder impingement syndrome, 8 physical therapy (PT) visits over 5 weeks for elbow epicondylitis. In this case, the injured worker has received unknown number of physical therapy (PT) visits in 2012 and about 12 physical therapy (PT) visits in 2014; however, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level visual analog scale ["VAS"], range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this treatment. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional physical therapy (PT) visits would exceed the guidelines criteria. Nonetheless, there is no mention of the injured worker utilizing a home exercise program (HEP) (At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.